SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/08: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000036802 (1

J&SH	OMES OF NORTH AMERIC	A, INC.				
Principal Place of Business 6051 MIRAMAR PARKWAY MIRAMAR FL 33023		Mailing Address			ı EBATATAL DE LABER BARIN DADEL BBELL BALLE ANEN GENTA ANEN ARENT ANEN ANEN ANEN ANEN ANEN ANEN ANEN A	•
		6051 MIRAMAR PARKWAY				
		MIRAMAR FL 33023			DO NOT WRITE IN THIS SPACE	
1					3. Date Incorporated or Qualified	
					04/22/1997	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For	
21		26			65-0743762 Not Applicat	ole
Suite, Apt. #, etc.		Suite, Apt. #, etc.			SR 75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution	
Zip	Country	 1	Zip Country		8. This corporation owes or has paid the current year Intangible	
24	[25]	29	30		Personal Property Tax due June 30. Yes No	
1415	9, Name and Address of Currer	it Kegisteren Agent	81	Name	10. Name and Address of New Registered Agent	
	KURUYILA, JOE					
	6051 MIRAMAR PARKWAY MIRAMAR FL 33023			Street Add	ldress (P.O. Box Number is Not Acceptable)	
MITA	MAR FL 33023		83	 -		
			84	City	FL 85 Zip Code	
11. Pursuant office or agent. I s					poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
	Signature, typed or printed name of registered age			Agent signature re	equired when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D L_ DELETE KURUVILA, JOE		1.2 NAME		Change Additi	on
STREET ADDRESS	4444 5544 44 44 44 44 44 44 44 44 44 44			ADDRESS		
CITY-ST-ZIP	DAVIE FL 33325		1.4 CITY-S			
TITLE			2.1 TITLE	1-21	Change Additi	
NAME	VELLAPALLY, SALVI THOMAS	[] pereis	2.2 NAME		Change Additi	.DI1
STREET ADDRESS	9840 SW 3 STREET		2.3 STREET	LADORESS		•
CITY-ST-ZIP	PEMBROKE PINES FL 33025		2.4 CITY-S			
TITLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DELETE	3.1 TITLE		Change Additi	ion
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4 CITY-S	T-2(P		
TITLE	DELETE		4.1 TITLE		Change Additi	ion
NAME		_	4.2 NAME		_ , .	
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CiTY-S	T-ZIP		
TITLE			5.1 TITLE	TTITLE Change		ion
NAME			5.2 NAME	J		
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST	T-ZIP		
TITLE		DELETE	6.1 TITLE	[]	Change Additi	ion

14. I hereby certify that the information supplied with this titing dates not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and occurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

CICNATUDE.

STREET ADDRESS

ida Statutes; and t

FILED

Aug 26 1998 8:00am

Secretary of State

,KZEU34 (5/98)